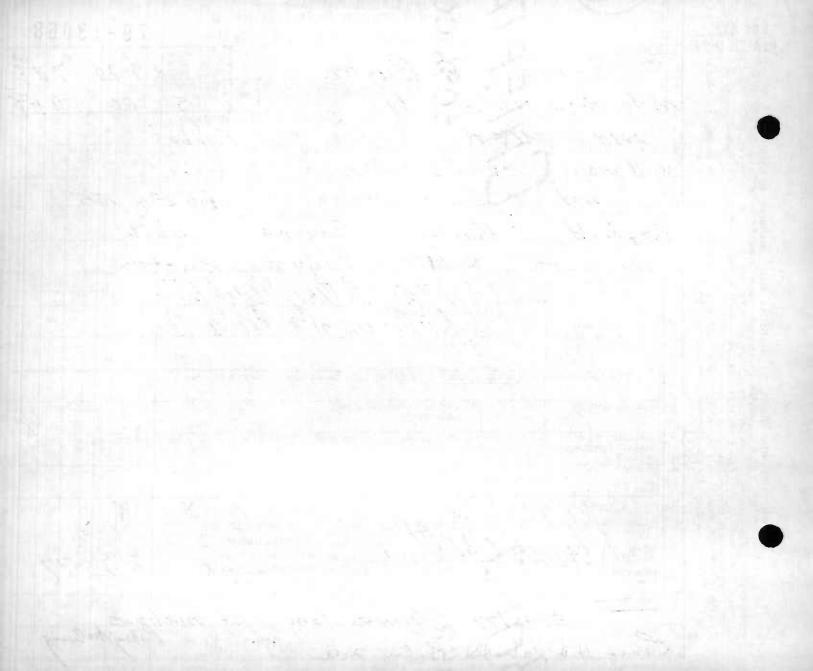


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-13067 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME 20. DATE KNOWN (Type or Print) DEATH MATED 2c. DATE PRONOUNCED DEAD MONTHS NOV. 7, 1937 Jo. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TO INEVER MARRIED 9. COUNTY OF DEATH (ountry) ()54 WIDOWED [DIVORCED [10. CLTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, exen if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceosed lived of institution: Residence befor 13d INSIDE CITY LIMITS? STREET AND NUMBER odmission) STATE 136 COUNTY CARGLINE DENTON 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Middle GOOWLE FLORENCE HARRIS 160. WAS DECEASED EVER IN U.S. ADDRESS 17. INFORMANT (Yes, no or unknown) (If yes give war or dates of service) DENTON, Md RS. JUHN ANTHONY event APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) crematian, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor Fart 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LDCAGION Street or R.F.D. No. City or Town County Stote AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection , Inquiry ond in my opinion deoth resulted from: Natural couses Suicide 2 Homicide Undetermined monner Hygi DIRECTOR: CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE Mental 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** Je 5 may ADDRESS(Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) CONCORD CEMETERY DENTON CAROLINEMD 25b. REGISTEAR'S SIGNATURE 2So. REC'D BY REGISTRAR (VR A15ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME Middle 2o. DATE KNOWN ve Pages 1, farm PM3. (Type or Print) af. OF. Give Pages DEATH MATED X partment 3. SEX S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS MIN 19 7 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH (ountry) WIDOWED [DIVORCED 21201 Item IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY = Office BOYPY Md. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER and 2 haurs : This certificate should be executed within certificate, writing the ward "pending" in pen farwarded to the Chief Medical Examiner's 13b. COUNTY odmission) STATE YES TO NO F IS. MOTHER'S MAIDEN NAME Lost pages ovenn ARMED FORCES? 17. INFORMANI (Yes, no, or unknown) (If yes give war or dates of service) File APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause page RETWEN DWSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: any IMMEDIATE CAUSE (o DUE TO. -transit Conditions, if any, which gove rise to immediate couse (o), burial-trar remaval, AN A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 5 execute the shauld be crematian, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year burial, PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL shauld ta buric CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County State NOT WHILE P directar AT WORK ğ AT WORK Page ne pri 22a. I certify that Laok charge of the remains described above, held an Autopsy Inspection X Inquiry 7 and in my apinian death resulted from: Natural causes Undetermined manner Suicide Homicide | DIRECTOR: Hygi CHIEF MEDICAL EXAMINER ACTUAL Mental 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county) BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City or Town) (County) (Stote) 250. REC'D BY REGISTRAR 7 24. FUNERAL DIRECTOR DHMH-17 1/71 10M (VR A15ME (5))



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 haw with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1.	FOR STATE REGISTRAR			NT OF HEALTH AND N CERTIFICATE OF D		ENE REG. N	79-1	3069	
	CEASED NAME FIRST	7477	F	Camber			ay 21.	YEAR 26 HOUR C	M
J. JL	FEMALE	BLAC	123	MONTH DAY	26 YE	59 YRS	MONTHS YRS.		NIN
C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF V	STATES	MARRIED NEVER M	ARRIED	9 BALTIMORE CITY O			MD.
	TY OR TOWN OF DEATH	(IF NOT IN SUCI	HEACILITY, GIVE STREET AD	Hospital	TUTION	12a. USUAL OCCUPATION OF THE CONTROL	ON 12b F WORKING LIFE) INC	KIND OF BUSINESS DUSTR NONE	OR
130.	RYLAND	AE OR OTHER INSTITUTION, OUNTY AROLINE,	GIVE RESIDENCE BEFORE AI 13c CITY OR TOWN GREENS!	BORO YES T	NO 🗆	13. STREET ADDRESS GENERAL 1	ELIVERY,	GREENSBOI	RM
14. FA	ROBERT NMN	MAR	NDR LAST	SUS	MAIDEN NAM	(NM N)	BERSON	N LAST	
	VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	166 SOCIAL SECURE		2	ADDRE	Dave La	N. MD	
NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA	DUE TO, OF	R AS A CONSEQUEN R AS A CONSEQUEN CONTRIBUTING TO DE	CE OF	TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)	
CERTIFICATION	198 DATE OF OPERATION	196 CONDI	TION FOR WHICH O	PERATION WAS PERFOI	RMED	200 AUTOPSY?		FINDINGS USED CAUSES OF DEATH?	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING ACCIDENT AND THE EITHER, NOTHER MEDICAL EXAM	F DEATH HOUR A./ (NER) P./	M. MONTH DAY M.	YEAR 19 211 LOCATIO		ED (ENTER NATURE OF INJUI		PART 2) UNITY STATE	
4	WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK 220 I certify that (1) (this h saw the deceased alivabove, (1) (we) (did) (and 22b. SIGNATURE	5121	19 6	DEGREE		eoth accurred an the di	22	that (I) (we)	
	22d. PHYSICIAN'S NAME (T)	PEORPRINT) HWA	od Tr			MEDICAL STAL BURECTOR PHYSIC		P/23/M	
	BURIAL, CREMATION, REMO SPECIFYI MAY 26,1979 UNERAL DIRECTOR	BURIAL		ME OF CEMETERY OR C	Y	23d. LOCATION CITY OR TOWN GREENSBO	COUNTY CO	INE. MARY	LAN

BP. DHMH-16 50M 7/77 (VR A 15 (4))

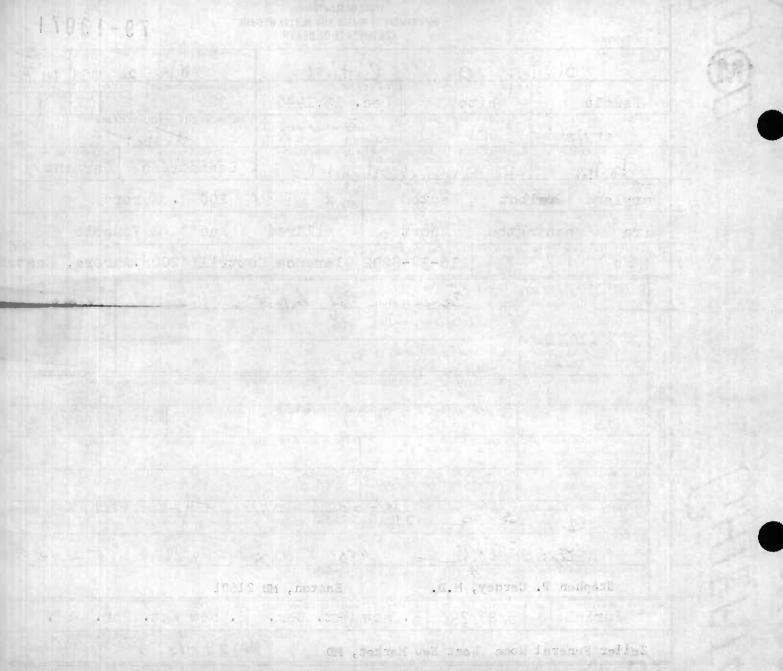
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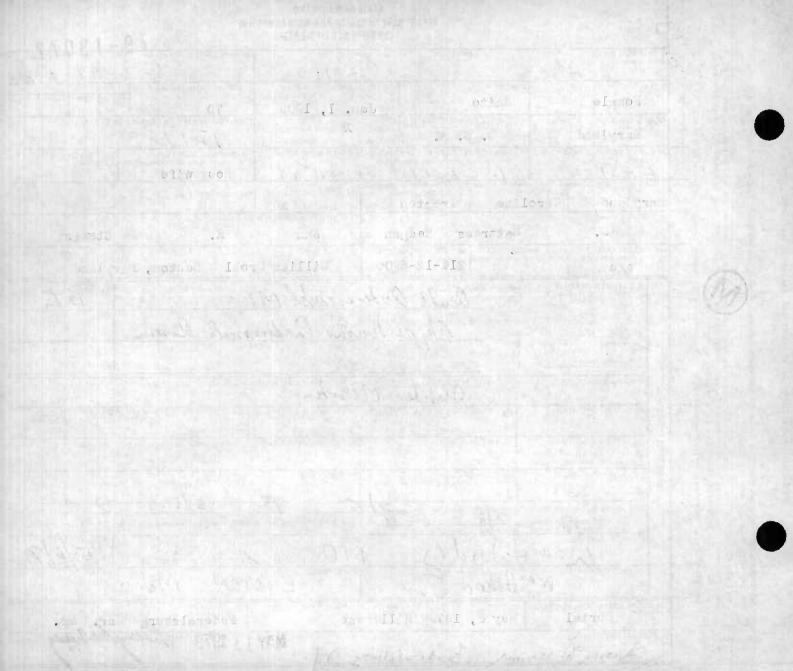


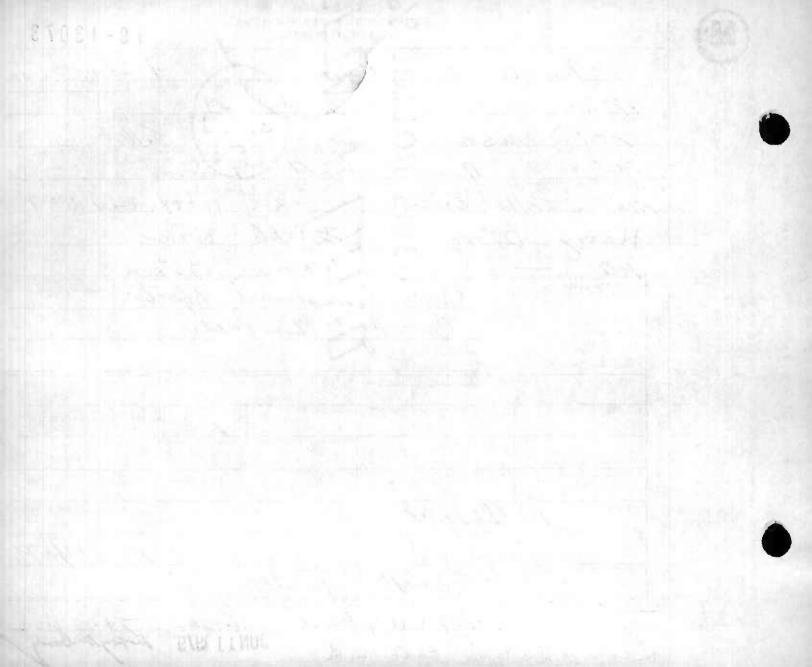
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				2171	E OF MARYLAND			
	1.	FOR - STATE REGISTRAR	DI		EALTH AND MENTAL HY			1307
		CEASED NAME FIRST	WIDDLE	l	AST	REG. N	MONTH DAY	YEAR 2b. HC
	{ TYPE	Shir	della a	C	ottaild,	N	au 20.	1979 10
	3 SE	X	1 RACE	5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR IF UND
		Female	White	Dec	. 13, 1940	38	YRS.	HS OAYS HOURS
35	7a. B	RITHPLACE (STATE OR FOREIGN OUNTRY) Maryland	USA	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF	DEATH
78		Easten	11. NAME OF HOSPITAL,	VE STREET ADDRESS)	OR OTHER INSTITUTION	12d USUAL OCCUPAT	ION OF WORKING LIFE) OF S	zb. KIND OF BUSI SIDUSTRY Garment
35	130.3	at residence (if nursing home state aryland 136 for	or other institution, give resident unity 130 City of Eas	CE BEFORE ADMISSION) PRIOWN TON	13d. INSIDE CITY LIMITS? YES A NO	130. STREET ADDRESS	Aurora	a
		ATHER'S NAME	MIDDLE	AST 1	15. MOTHER'S MAIDEN NA		7.	1241 5 5
201				ört	Mil'dred	Mae		able"
1	16a V	VAS DECEASED EVER IN U.S. A		38-8292	17 INFORMANT Clarence (ADDR Cottrill 2		rora. E
		18 CAUSE OF DEATH (Enter	only one couse per line for (0),	(b), ond (c)				APPROXIMATE IN BETWEEN ONSET A
		PART I. DEATH WAS CAU IMMEDI	IATE CAUSE (0) Car	einoma	of lover	+		19 00
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		1749	DUE TO, OR AS A COM	NSEQUENCE OF	U		1027	
		Conditions, if ony, which	DUE TO, OR AS A COM	NSEQUENCE OF	0			
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		gove rise to immediate	DUE TO, OR AS A COM		0			
	z	gove rise to immediate couse (a), stating the underlying couse lost.	(b)	NSEQUENCE OF	U NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN	N PART 1(a)
	ATION	gove rise to immediate couse (a), stating the underlying couse lost.	(b)	NSEQUENCE OF	SECTION S			
9	TIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	(b)	NSEQUENCE OF	SECTION S	20a AUTOPSY?	20b. IF YES, WEI	RE FINDINGS US
9	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN' 190 DATE OF OPERATION 218, ACCIDENT WAS UNDERLYING	(b)	NSEQUENCE OF	SECTION S	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS US G CAUSES OF DE NO
9	AL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	(b) DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTION 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MONT	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS US G CAUSES OF DE NO
9		gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN' 190 DATE OF OPERATION 218, ACCIDENT WAS UNDERLYING	(b)	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION TH DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WEI IN CERTIFYING YES TEM 18, PART I C	RE FINDINGS US G CAUSES OF DE NO DR PART 2]
99	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN' 190 DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMINI	T CONDITIONS CONTRIBUTION 196 CONDITION FOR 216, TIME OF INJURY HOUR A.M. MONT P.M.	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION TH DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES TEM 18, PART I C	RE FINDINGS US G CAUSES OF DE NO
9		gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CUFFITHER, NOTHEY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE ALTWORK NOT WHILE ALTWORK 220 I certify that (I) (Ettic loss	(b) DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTION 196 CONDITION FOR 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MONI P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY,	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WEI IN CERTIFYING YES RY IN ITEM 18, PART I C	RE FINDINGS US G CAUSES OF DE NO DR PART 2] OUNTY
99		gove rise to immediate couse all stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK OF COURSED COURSED WHILE OF COURSED COUR	(b) DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTION 196 CONDITION FOR 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MONI P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY,	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.)	211. HOW INJURY OCCUR 211 LOCATION STREET 20 , 19 20 d that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WEI IN CERTIFYING YES RY IN ITEM 18, PART I C	RE FINDINGS US G CAUSES OF DE NO DR PART 2] OUNTY
9		gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CUFFITHER, NOTHEY MEDICAL EXAMINI 210 INJURY OCCURRED WHILE NOTWHILE ALWORK NOTHING ALWORK 220 Certify that (I) (this bossow the deceased office of the couse of the cous	DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTION 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MONI P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY,	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.) from 19 7, on	211. HOW INJURY OCCUR 211 LOCATION STREET 20 , 19 20 and that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NO CITY OR TOX CITY OR TOX deoth occurred on the d	20b IF YES, WEIN CERTIFYING YES TO THE TENT TO THE TEN	RE FINDINGS US CAUSES OF DE NO OR PART 2] OUNITY 79 , that (I'
99		gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHEY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220 I certify that (I) (this bos sow the deceased alive a above, (I) (well-dich (did 1226, SIGNATURE)	DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTION 196 CONDITION FOR 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MONT P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, EPAID) OTTENDED the deceased on not view the body ofter death	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.) from 19 7, on	211 LOCATION STREET 20 , 19 10 dd thot in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WEIN CERTIFYING YES TO THE TENT TO THE TE	RE FINDINGS US G CAUSES OF DE NO DR PART 2] OUNTY
9		gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHEY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMINI 220 I certify that (I) (HISE bos sow the deceased alive above, (I) (weblicker) (did.) 226. SIGNATURE	DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTION 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, 196 CORPRINT)	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.) from 16 - 19 2 9 , on	211. LOCATION STREET 214 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TOV death occurred on the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WEIN CERTIFYING YES TO THE TENT TO THE TE	RE FINDINGS US CAUSES OF DE NO OR PART 2] OUNTY 1 from the causes 22c DATE SIGNE
9	MEDICAL	gove rise to immediate couse on stating the underlying couse lost. PART 2. OTHER SIGNIFICAN: 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK NOTIFY MEDICAL EXAMINATION OF COURRED AT WORK NOTIFY MEDICAL EXAMINATION OF COURSE	DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTION 196 CONDITION FOR 216, TIME OF INJURY HOUR A.M. MONI ER) 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, 10 Ottended the deceosed on not view the body ofter death E OR PRINT) Carney, M.D.	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.) from 19 79 , on	211. HOW INJURY OCCUR 211. LOCATION STREET 20. 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 220. ADDRESS Easton, MD	200 AUTOPSY? YES NO CITY OR TON CITY OR TON CITY OR TON ACCOUNTED ON THE d MEDICAL STA DIRECTOR PHYSK 21601	20b. IF YES, WEIN CERTIFYING YES TO THE TENT TO THE TE	RE FINDINGS US CAUSES OF DE NO OR PART 2] OUNTY 1 from the causes 22c DATE SIGNE
9	MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHEY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMINI 220 I certify that (I) (HISE bos sow the deceased alive above, (I) (weblicker) (did.) 226. SIGNATURE	DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTION 196 CONDITION FOR 216, TIME OF INJURY HOUR A.M. MONI ER) 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, 10 Ottended the deceosed on not view the body ofter death E OR PRINT) Carney, M.D.	WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.) Trom 19 23c, NAME OF C	211. LOCATION STREET 214 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TOV death occurred on the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WEIN CERTIFYING YES RY IN ITEM 18, PART 1 C YN CC TO THE ORDER TO TH	RE FINDINGS US G CAUSES OF DE NO OR PART 2] OUNTY 1 from the causes 22L DATE SIGNE







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FOR STATE

Barton, Jr., Centreville, Md. 21617

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13076

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	, ,	
		CEASED NAME FIRST	Bertha MIDDLE I	lay	AST FERRICK		NONTH DAY YEA	AR 26. HOUR 2
		15-00	hA	+	errick	May (512-71	9 /A.M
	3. SEX		4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
		Female	White	Septem	ber 26, 1892	86	YRS.	ATS HOURS MIN
1	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	H
2		Maryland	USA	WIDOWE	DIVORCED	IAIL	oT	MD,
	10 CI	TY OR TOWN OF DEATH	 NAME OF HOSPITA (IF NOT by Such FACILITY, 		OR OTHER INSTITUTION	12a. USUAL OCCUPATIO		ND OF BUSINESS OR
5	E	ASION		ORIALL	405h11A1	Wife	Ho	
0	13a. S		VTY 13c. CITY	ENCE BEFORE ADMISSION) OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
2	_	ryland Caro	line Ric	lgely	YES XX NO [Liberty St.	, P.O. Box	306
1	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	WIDDIE		LAST
7		Joseph		nes	May			mith
		(IF YES, GIVE	WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT Niec		s St., P.O	
		No	212-	-26-6696	Mrs. Margare	t M. Wright,		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per infe for to	o), (b), ortd (c).	PILA		BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
ľ		IMMEDIAT	TE CAUSE (o)	sum	COP			
		4292	DUE TO, OR AS	ONSEQUENCE OF			COLUMN THE REAL PROPERTY.	
-		Conditions, if ony, which gove rise to immediate	(b)	5000				
		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CO	ONSEQUENCE OF				
	222		(c)					
1	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRACT	DEATH BUT	NO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PAR	T 1(o)
	ATIC	190 DATE OF OPERATION	19b CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	28a AUTOPSY?	20b. IF YES, WERE FIN	NDINGS LISED
1	CERTIFICATION	THE DATE OF OPERATION	IN CONDINGIVIO	K WHICH OF EXAMO	THE TENIORMED	- 0	IN CERTIFYING CAU	JSES OF DEATH?
7	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO YES	YES IN ITEM 18, PART 1 OR PART	NO [
j.		OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR				
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJUR	19	21f. LOCATION			
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO		t my	CITY OR TOWN	COUNTY	STATE
		22s.I certify that (I) this hospit	tal) attended the decease	ed trap 41	28/29:0	10 5/	2 10/5	that (I) (we) last
		saw the diseased alive and above III (well laid aid no	5/1	35 11	nd that in (my) our) opinion o	death occurred on the dot	e and hour and from	
		THE SIGNATURE	The many of the dec		DEGREE		22c. D	ATE SIGNED
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		Donald T. Le	ewers, M.D.		Easton, MD	21601		
	23e B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	(3	Burial	May 4, 1979	Chester	field	Centrevill		
	24 61	NIEDAL DIDECTOR Denny	D		DARE DARE	DECID BY DECICEDAD	EL DECITALDISCIO	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol. medical exominer must be notified at ance. retained by the haspital ar attending physician BP.

OR ATTENDING PHYSICIAN: The law

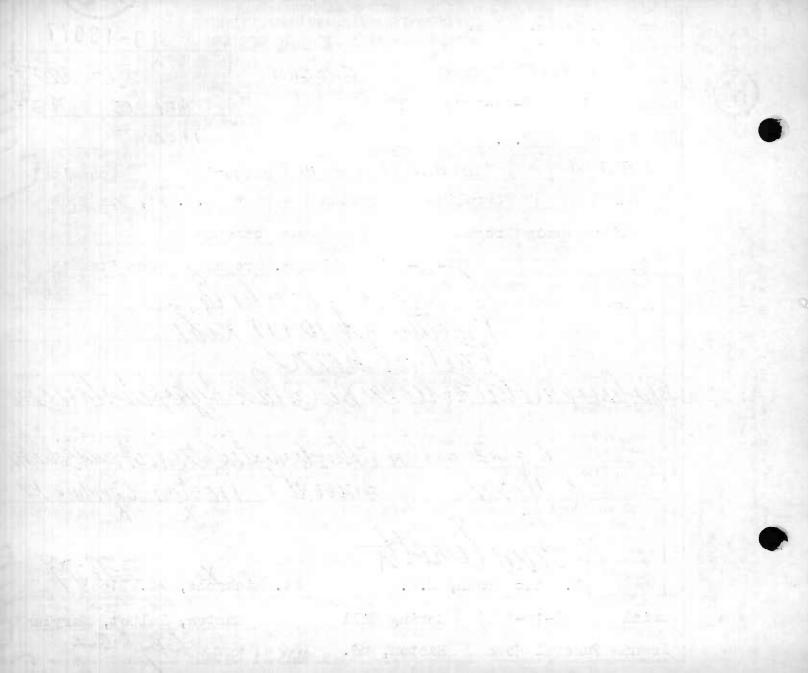
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DHMH - 16 50M 7/77 (VRA 15 (4))

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STATE OF MARYLAND Items 18b. & 18c. & 22a DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE as MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN (Type or Print) LESLIE STEWART DEATH MATED 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD male whi te 5-15-1909 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED 9. COUNTY OF DEATH New Jersey TALBOT WIDOWED [U.S. DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired.)

executive chemical 43a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUCTAroline Preston R.D. #1. Box 208B YES NO * 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Oliver Henry Grogan Anna McKeown 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) 972-05-3305 Alice M. Grogan see item APPROXIMATE INTERVAL TH. CAUSE OF DEATH (Enter only one course per BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause 4834. OTHE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUS NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PAGE WAS PERFORMED? 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING & 21e. PLACE OF INJURY (At home, form, street, AT WORK THE AT WORK AN 22a. I certify that Prook charge of the remains described above, held an Autapsy , Inspection . Inquiry , ond in my opinion death resulted from: Natural causes 'Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 276 DATE SIGNED, ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER A **EXAMINER'S** R. Lane Wroth, M.D. ADDR SC Street Will Charles NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burray (Specify) 5-19-1979 Spring Hill Easton, Talbot, Maryland GISTRAP SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR DHMH-17 1/71 10M Newnam Funeral Home Easton. Md. (VR A15ME (5))



	1	FOR				E OF MARYLAND				0.70
	1.	STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE	7 9	-13	0/8
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has been prioring the prioring of any only	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOF	IN CERTIF	, WERE FINE YING CAUS	DINGS USED ES OF DEATH?
ECIAN 1		21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATU	JRE OF INJURY IN ITEM T8, P	ART I OR PART 2)
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FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

- STATE

79-13080 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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IF UNDER 24 HRS

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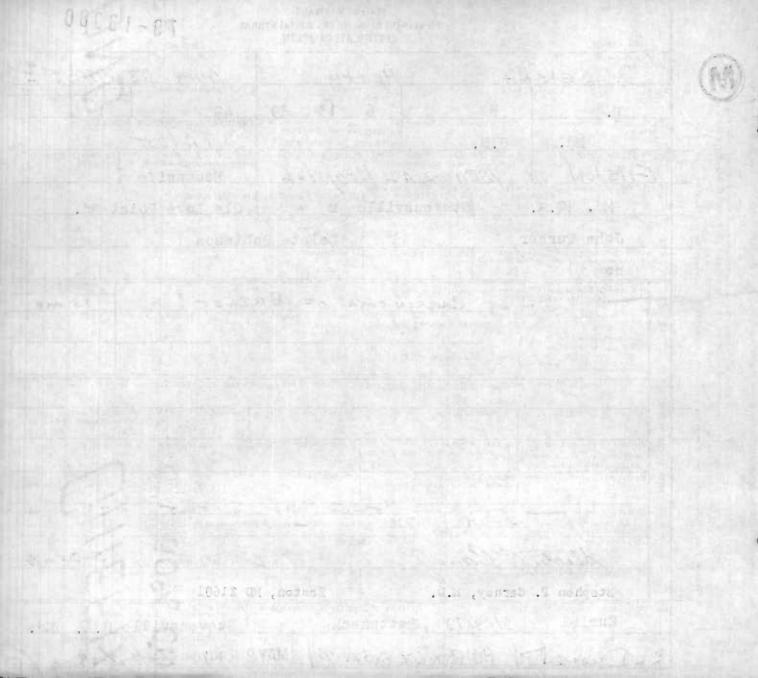
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250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c DATE SIGNED

MONTHS DAYS



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(Type or Print) ANNA M. HOOPER 10. ESTI- DEATH MATED 11. SEX 4. RACE 5. DATE OF BIRTH Mar. 9, 1897 82 YRS. 12. DATE KNOWN OF ESTI- DEATH MATED 13. SEX 4. RACE 5. DATE OF BIRTH Months	19 M 2d. HOUR 19 79 11 24M Md. OF BUSINESS OR
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George T. Musselman Viola Po	owell
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor or dates of service)] 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
NO 216-54-9259 Granville Hooper, Cambridge, Md.	
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Hygiene prior 18 shows any in	CERTIFICATION	190 DATE OF OPERATION	7	19b. COND	ITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES	CAUSES OF	
Mental Hygie or Item 18 sha		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX	SE OF DEATH	21b. TIME O HOUR A. P.	M. MONTI	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 C	R PART 2)	
alth and Manarked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (AT HOME, STE		OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN CC	YTAUC	STATE
of for use of Healt		22a I certify that (1) (thi sow the deceased cobove, (1) (we) (did) 22b SIGNATURE				19. 79 , or	nd that in (my) (our) apinion	to 5-7 death occurred on the d			
State Del		Robert			er,		ATTENDING PHYSICIAN	MEDICAL STA		5-7-	
should be deti with the State IMPORTANT:		22d. PHYSICIAN'S NAME Robert W			M.D.		22e. ADDRESS	Easten	Md. 2	2160	1
- 7 3 4	1	URIAL, CREMATION, REA	MOVAL :	23b. DATE 5-9-1			EMETERY OR CREMATORY wn Memorial	23d. LOCATION CITY OR TOWN Easton.	Talbot		STATE

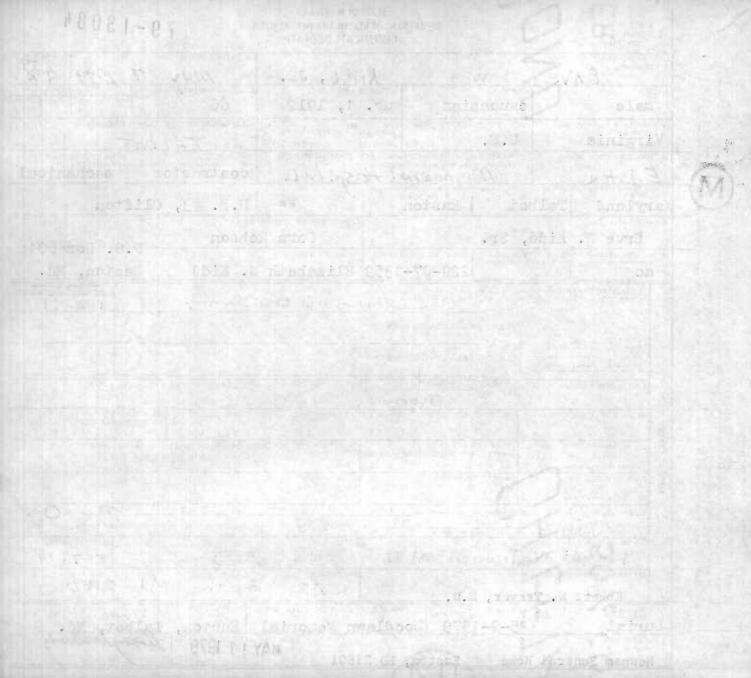
BP_ DHMH - 16 50M 7/77 (VR A 15 (4))

Newnam Funeral Home

24 FUNERAL DIRECTOR

Easton, MD 21601

Talbot, Md.



completely filled in by the funeral dir . I and 2 should be filed within 72 hau

remove carbanpapers. Pages physician

should be detached for use as the burial-transit permit. Then please remove carbani with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar rem

marked ar Hem 18 shaws any

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has bee

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OR ATTENDING

TO HOSPITAL

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injury, or other traumatic event,

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ι.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	-13000
1. DE	ECEASED NAME FIRST		MIDDLE	V.	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	Calv		Η.	7	mamon	May	27.979 4FM
3. SE		4 RACE		5 DATE (6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Male	Ca		10-	27-08 YEAR	70 _{YR}	
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
10.0	Md.		S.A.	WIDOWE		1761	OO MD.
10 0	ITY OR TOWN OF DEATH		CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
FIST	IAL RESIDENCE (IF NURSING HOME O	D OTHER MESTIVATION	CANT DESIRENCE DECORE		nemorial	Carpenter	Building
13a	STATE 13b/COU	NTY	13c. CITY OR TOW	N	136 INSIDE CITY LIMITS?	13e STREET ADDRESS	
14.5	Md. Car	oline	Goldsbo	oro	YES NO	None	
	FIRST	MIDDLE	LAST		FIRST	WIODLE	LAST
160	W. Harmo WAS DECEASED EVER IN U.S. A	n Kinn	amon	DITY NO	17 INFORMANT	Mary A. Ross	
	YES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES)				Ling Kinnamon	Goldsboro Md
	no				1 DOTA DICKS	Ling Mannamon	
31	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS			Jen	. L. O.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	110 I IMMEDIA	TE CAUSE (a)	respis		y Swanne		2 weg (03.
7	701-	DUE TO, C	R AS A CONSEQUE	NCE OF	Ones Onlie	bneu morum	"Z weeks.
	Conditions, if any, which gove rise to immediate	(b)_	Y-KYC CL	LOR	grace since	Top control of the control	
	couse 101, stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF			
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18	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b. IF	YES WERE FINDINGS USED
CERTIFICATION	- Comments			_		YES NOTE	RTIFYING CAUSTS OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
E E	210 ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY M. MONTH DA	V YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	†8, PART † OR PART 2]
SAL	OR CONTRIBUTING CAUSE OF DE	AIII	м.	19			
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	22a.1 certify that (1) (this hosp	517	ne deceased from	14 3	1974		
	saw the deceased alive ai		- Y	7 7,01		death occurred on the date and	hour and from the causes stated
133	226. S. GT. TURE	1	D. 3	/	DEGREE	MEDICAL STAFF	224. DATE SIGNED
	Melen	de	Muy	~	The second second	MEDICAL STAFF DIRECTOR PHYSICIAN	3 41117
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		2 17	22e ADDRESS	J. AUROKA	ST 211
	HLBURT T.	DHW.	KINS JK	- in-	1 SATBROW.	MALYLA	two +1601

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Burial 5-30-79

24 FUNERAL DIRECTOR

231. NAME OF CEMETERY OR CREMATORY Greensboro

23d LOCATION
CITY OR TOWN
Greensboro Caroline Md.

250 DATE RECID

BY REGISTRO TES HEGISTIMAN STOCKARONIE



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STATE OF MARYLAND

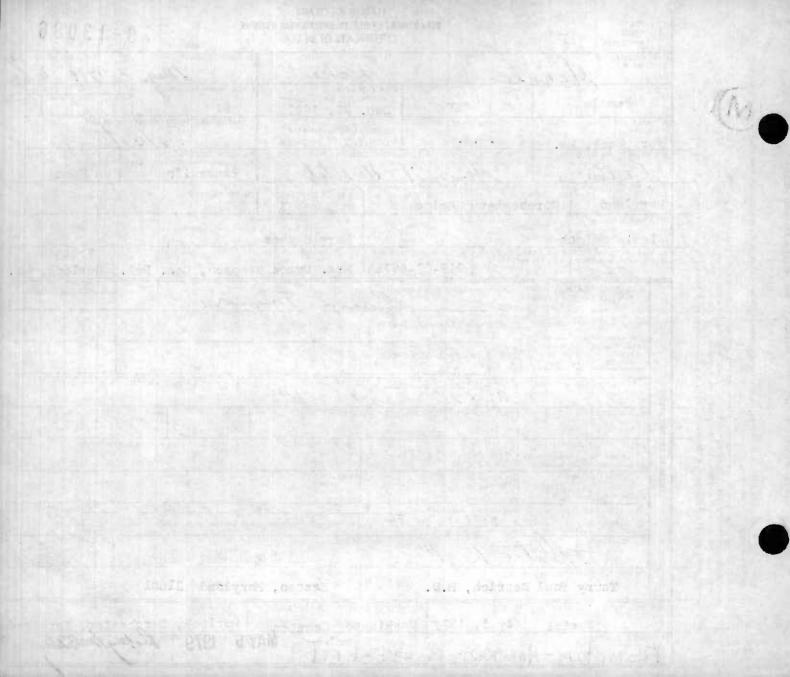
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		CEASED NAME FIRST		MIDDLE	(AST			AY YEAR	26 HOUR 30
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6	3. SE		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	11	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
		Female	I I	egro	Dec		91	YRS		
6		RTHPLACE (STATE OR FOREIGN :		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
5		rk Neck. Md.	U.S.		WIDOWE		4	9/60		MD.
8		Eleter	(IF NOT IN SUC	PACILITY, GIVE STREET A	DDRESS)	or other institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIF	F WORKING LIFE		of BUSINESS OR
F	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Tryland Dore	other institution.	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Hurlock	admission) N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS RFD			
10		THER'S NAME FIRST LEVIN MOLOCK	MIDDLE	LAST		15. MOTHER'S MAIDEN NAMERS FIRST Mary Hughes	MIDDLE		LAS	т
2	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	216	543
	,	No No	WAR OR DATES	219-07-6	976A	Mrs. Grace S	Sampson, Ger	n. Del.	Hurl	lock, Me.
		18 CAUSE OF DEATH Enter on PART I, DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), storing the	D BY: E CAUSE (0) DUE TO, O	R AS A CONSEQUE	NCE OF	ain Tru	mor		APPROXI BETWEEN (MATE INTERVAL ONSET AND DEATH
	7	underlying cause last. PART 2 OTHER SIGNIFICANT C	CONDITIONS CO	ONTRIBUTING TO D		NOT RELATED TO THE TERMI	inal disease or con	DITION GIVE	N IN PART 1(c	
	01		1 140	CUB	ar	x CAP				
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSÝ?		WERE FINDING CAUSES	
2	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR				
ť:		OR CONTRIBUTING CAUSE OF DEA	HOUR A	M. MONTH DA	Y YEAR	THE REAL PROPERTY.				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE
į		220.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no	5-	1 19		nd that in (my) (our) apinion d	death occurred on the de	ate and hour	and from the	
		22b. SIGNATURE	tuck	1/N-		ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	SIGNED
1		Terry Paul		, M.D.		Easton, M	Maryland 2	1601		
		SURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		Burial	May 5,	1979 Wa	shing	ton Cemetery	Hurlock,	Dorghe	ester,	Maryland
	24 FL	Ramotom - A	lauki	ADDRESS BOY U	2 F.	31632 250 MA	YE 90. BY 1979 AR	25b	- SANCE	Billey
		12011	12001111	42 100	~ 1	13111111		-		

DHMH - 16 50M 7/77 (VR A 15 (4))

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IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event the



3		1.	FOR STATE REGISTRAR		DEPARTM	STATE OF MA SENT OF HEALTH A CERTIFICATE	ND MENTAL HYG	IENE 7		3087
			CEASED NAME FIRST	Z /	RUSSE	LL LOM	AX	MAY	MONTH D	1979 12 31/M
go and a second			IALE	4. RACE WHIT		S. DATE OF BIRTH	0,1902	6. AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
r deoth. Pe funeral di	d at ance.	IV.	RTHPLACE (STATE OR FOREIGN DUNTRY) IARYLAND ITY OR TOWN OF DEATH	U.S.	A . HOSPITAL, NURSING	MARRIED NE	DIVORCED [9 BALTIMORE CITY C	30T	MD.
n by the	78		EASTON AL RESIDENCE (IF NURSING HOM	(IF NOT IN SU	CHEACILITY, GIVE STREET A	PORESS) HOS	PITAL		A N	SEAFOOD
LAND 2 nin 24 ho nin 24 ho should bi	er must b	13a S	TATE 13b CC	LBOT	EASTON	YES T	DE CITY LIMITS? NO THE NAME OF THE NAME O	RT#5 ^BOX	726	
MARY with uted with complete	examin	J	AMES LOMAX	MIDDLE	LAST	SA	DIE WAR	NEER MIDDLE	RT#3	LAST
be executed on and contact or and contact or	e medica	16a. V	VAS DECEASED EVER IN U.S. (15 NO ORUNKNOWN) (16 YES,	GIVE WAR OR DATES)	21.3-01					26 EASTON, MC
201 W. PRESTON ST., BAL so that the death certificate led by the attending physici please remove carbon paper arral, cremation, or removal.	, ar other traumatic event, the		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, C	DR AS A CONSEQUE	NCE OF	e and Iv	foretra	~	2 days
DIVISION OF VITAL RECORDS, OR ATTENDING PHYSICIAN: The low require he hospital or attending physician. DIRECTOR: After this certificate has been sign oched for use as the burial-transit permit. Then the or the burial transit permit. Then the or the burial transit permit is bept. Of Health and Mental Hygiene prior to burial	ANT: If Nem 21 is marked or Nem 18 shows ony injury,	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) 22a. I certify that (1) (this has not well as the excessed of probable, (h (we) (did) (a)) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TY) 22d. PHYSICIAN'S NAME (TY)	21b. TIME (DEATH HOUR A HOUR A SER) 21e PLACE (AT HOME, S' non view the body	DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, FA	Y YEAR 19 21f. LOC STARM, ETC.)	ERFORMED W INJURY OCCURR CATION TREET ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FINDINGS USED ING CAUSES OF DEATH?
TO HOSPIT retained by TO FUNER should be with the Str.	MPORTANT		Thomas W. F	aunt lero	23c N	E a	OR CREMATORY	123d LOCATION		COUNTY STATE
BP		Bt	RTAL	MAY :	16, 1979	SHERWO	OD CEME	TERY SHER	WOOD	TALBOT Md.

DHMH-16 50M 7/77 (VR A 15 (4))

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ex event at the next	VAICE		2	
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			1.2.0	GRALLERON
		J BAKOKA		MILETER
est you test		STOTEAR	l room	THERTIME
KALABA				JAMES LONAL
. HARSHALL BOX 726 LASEDI.	I akau e			and the same
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pary tand of the local year	Hanton,	0.0	e je nominani	W Hamosia, In 3
TO THE PROPERTY OF THE PARTY OF				

IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other traumatic event, the medical examiner must be apairlied 31 once.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13088

		REGISTRAR		CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME FIRST		MIOOLE	L	AST		2a. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR	_
	(1112	FRANCE.	2	CLay		LONG	98	MAY	31.	1979	10 T	И
	3. SEX	Χ	4 RACE		S. DATE C			AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UN OFR 24 HRS HOURS MIN	
		Female	Cauca	sian	July			69	HOURS MIN			
11		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8	D NEVER MARRIED	X	BALTIMORE CITY O	R COUNTY	OF DEATH		
J	V	irginia	U.S.	S.A. WIDOWED DIVORCED				TALE	30T		M	٥.
2		TY OR TOWN OF DEATH		HOSPITAL, NURSI		ROTHER INSTITUTION		12a. USUAL OCCUPATION OF WORK FOR MOST OF			F BUSINESS OR	
X		EASTON		MORIAL	40	SPITHL		House Wo	rk			
35	USUA 130 S	AL RESIDENCE (IF NURSING HOME STATE ATYLAND TA	DR OTHER INSTITUTION.	Tilghm	RE ADMISSION)	134 INSIDE CITY LIMIT	rs?	P.O. Box	224			
) A		THED'S NAME		0		15. MOTHER'S MAIDEN	NNAM	E	T			_
I		Walter v	MIDDLE	Long		Angie		M. WIDOFE	Wa	agner'	șī .	
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	In SOCIAL SEC	URITY NO.	17. INFORMANT		Pro	55 Bo:	x 224		
1		(IF YES, G		220-66	-4289	Shirley	Wa.	ltøn Til	ghmar	1. Mar	yland	
	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u> C	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE	TERMIN	NAL DISEASE OR CONE	20b. IF YES	, WERE FINDIN	NGS USED	
1	TIFIC							YES NO		YING CAUSES	NO [
9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.	M. MONTH [M.	DAY YEAR		CURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2)		
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC.)	21f LOCATION STREET		CITY OF TOW	DI .	COUNTY	STATE	
		22a. I certify that (I) this has saw the deceased alive caboy. (I) the didn't didn't dish	n 19116	14 12	Garage State of the State of th	that in (my) (our) opi				- /		-
1		174 PHYSICIAN SHERME ON	MA	rou	9,1	PHYSICIA 12e. ADDRESS	AN	DIRECTOR PHYSIC	IAN	01	1/1	_
1		CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	oth, M.	D.		March Street, San Street, Stre	stre	eet, St.	Micha	iels,	Md.	
	23a B	BURIAL, CREMATION, REMOVA	L 23b. DATE	230	NAME OF C	EMETERY OR CREMATO		23d. LOCATION		COUNTY	STATE	=
	1	Burial	6-4-7	79 S	pring	Hill		Easton	Tall	oot M	arvlan	d
	24. FL	UNERAL DIRECTOR	Madden 1	20 Ques.	Harr	ison St 250	. DATE	REC'D. BY REGISTRAR	25h EGISTI	RAR'S GIGNAT	URE	_
	Ne	ewnam Funera	1 Home	Easton	. Mar	yland	IIN .		Juston	y Malu	waly	

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DHMH - 16 50M 7/77 (VR A 15 (4))

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3	FOR STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13089

REGISTRAR			CERTI	FICAIR OF DEATH		REG. NO.			
I. DECEASED NAME	FIRST	MIDDLE		LAST	20 DATE	OF DEATH MO	DAY DAY	YEAR	26 HOUR
(TYPE OR PRINT)	EMIL	CARL	METZ			5	21	-79	6;55
3 SEX	4 RAC	E	5. DATE	OF BIRTH	6. AGE (II	N YEARS LAST BIRTHD	AY) IF UN	DER I YEAR	IF UNDER 24 H
male	ca	ucasian		y 4° 1904	7	4	YRS.	HS: DAYS	HOURS M
TO BIRTHPLACE ISTATE O		IZEN OF WHAT CO	UNTRY? 8	ED T NEVER MARRIED	9 BALTIA	AORE CITY OR	COUNTY OF	HTASC	914 -1
Märyland	U	.S.	WIDOW				TALBOT		
10 CITY OR TOWN OF I	(16)	AME OF HOSPITAL		OR OTHER INSTITUTION	(TYPE OF W	OCCUPATION ORK FOR MOST OF W	ORKING LIFE) IN	2b. KIND OF NDUSTRY	F BUSINESS
USUAL RESIDENCE (IF N 130 STATE Maryland	ursing home or other in Dorche	. 13c_CITY	ence before admission or town rlock	AEZ NO T	S? 13. STRE	e Appress OB Com	merce	Str	eet
14 FATHER'S NAME Henry	Metz		LAST	15 MOTHER'S MAIDEN		th Un	k.)	LAST	
160 WAS DECEASED EV			IAL SECURITY NO.	17 INFORMANT		P.O.DOREB	ox 27	3	
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR		-34-943	MarLee M	letz E	ast Ne	w Mari	ket.	Md.
	ATH (Enter only one	-	Commence of the last of the la						MATE INTERVAL
PART I. DEATH	WAS CAUSED BY:	V/	ersout	ed Wille	41			~ /	lu
5109			. /	-	1				
0601	DI	UE TO, OR AS A CO		1 1 11m	hustra		- 100		
Conditions, if a		(b)	merse	non U U	1 cucs o				
couse (a), ste	oting the DI	UE TO, OR AS A CO	ONSEQUENCE OF						
underlying co	use lost	(6)							
PART 2 OTHER S	GNIFICANT CONDI	TIONS CONTRIBUT	ANG TO DEAZH BU	NOT RELATED TO THE T	TERMINAL DISE	ASE OR CONDIT	ION GIVEN IN	N PART I (a	1
No.	(X)	ningles	ned land	lenen les	· Lit	f Seri	1 De	mila	6.
HICATION TO A COLOR TO WAS	RATION / 19	b CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	20g AL	JTOPSY? 12	Ob. IF YES, WE	RE FINDIN	GS USED
F	4	7				1	N CERTIFYING		OF DEATH?
£				Tax manual = =	YES [YES [NO []
OR CONTRIBUTING		b. TIME OF INJURY HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY II	NITEM 18, PART 1	OR PART 2)	
(IF EITHER, NOTIFY ME	_ CAOSE OF DEATH	P.M.	19	STATE OF THE STATE OF					
(IF EITHER, NOTIFY ME 21d INJURY OCC		PLACE OF INJUR	Υ	211 LOCATION				0.00	
	WHILE	T HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC.)	STREET		CITY OR TOWN	C	OUNTY	STATE
	WORK		5	142	79	5/2		79	
	(I) (this hospital) att	ended his decedse	160	, 19	, to				that (1) (we)
		the body after deat	th,	nd that in (my) (aur) api	mion deoth occu	rred on the dote	and hour and	I from the o	couses stoted
22b. SIGNATURE	011	1 1/		DEGREE				22c. DATE S	SIGNED
	1 W Kt	Noon	1_	PHYSICIA		OR PHYSICIA	NBC	5/7	22/1
22d. PHYSICIAN'S	NAME LITYPE OR PRINT)	1		22e. ADDRESS			145	-1	1
3/11/2019	INM H	TNOON	37	FA	HERA!	MI			
	70		00	10/	1 - 1 0 / 0	119			
230. BURIAL, CREMATIC		DATE	A STATE OF THE STA	CEMETERY OR CREMATO	CIT	CATION	COUN		STATE
Burial	5-	24-1979	UNITY	-WASHINGTO		rlock.			er. Mo
24 FUNERAL DIRECTOR		V. 1-2-2-1				Y REGISTRAR 25			
Newham F	uneral H	ome	Easton.	Md.	MAY	5 19/3	gary	7	-000
T. O HITTOMIT T	THE WALL TO	1 2000	200000011	212 V4 W					

Easton, Md.

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MPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the medical examiner must be natified at ance

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DEPARTMENT OF	FOR	X
CERT	- STATE	O.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

79-13090

	100	REGISTRAR				CERT	HICAIL	JI DEATH		REG. NO.					
			FIRST	N	IDDLE		LAST		20. DATE OF D	EATH M	HINO	DAY YEAR	AY YEAR 26. HOUR		
1	(TYPE	OR PRINT) Eli	zale	The EDC	NIA	MORFO	RD		May	18.	197	9	1	A. M	
	3 SEX		1	RACE			OF BIRTH		6 AGE (IN YEAR	S LAST BIRTHO	DAY}	IF UNDER I YEA	_	IDER 24 HRS	
		female		caucas		Aug	· 13°	1909	69		YRS.	MONTHS DAY	HOU	RS MIN	
	70. BII	RTHPLACE ISTATE OR FORE	IGN 7	L CITIZEN OF	VHAT COUN	TRY?	IED NE	VER MARRIED	9 BALTIMORE	CITY OR	COUNT	Y OF DEATH			
11		llinois		U.S.		WIDO	WED*	DIVORCED [Talb		Mai			MD.	
0		TY OR TOWN OF DEATH		I NAME OF H		INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) POUCATOR 12b. KIND OF BUSINESS OR INDUSTRY					SINESS OR			
5	L13c S	TATE Tyland	ral b	other institution, ty 00 t	13c. CITY OR	BEFORE ADMISSIO		DE CITY LIMITS?	130 STREET AD	DRESS rst	Str	eet			
	14. FA	THER'S NAME			TOTAL S	1.3591	15. MOTI	HER'S MAIDEN NA		Office.	7.3			14100	
100		Robert V	V. 10	leigs	LAS			FIRST Ida	May Ho				AS1		
1		VAS DECEASED EVER IN		NED FORCES?	166 SOCIAL	SECURITY NO	. 17 INFO	RMANT		ADDRESS	S				
		10	1 123, 0112	TAN ON DATES	222-2	24-253	6 Fre	ederick	M. Mei	gs		Oxfor			
		18 CAUSE OF DEATH	Enter only	one cause per	ine for (0), (b, ond ic	0		^	1962	/im	BETWEE)XIMÁTE II N ONSET	NTERVAL AND DEATH	
		PART I. DEATH WAS		CAUSE (a)	orov	nary	Ar	tery	Visea	se		112	1446	d	
		4149 DUE TO, OR-AS A CONSEQUENCE OF													
		777		DUE TO, OR		0	/	Atla	100000	1-0:		110	ars		
		Conditions, if any, which gove rise to immediate (b) Tenulalized ATMERO Schools										1	Clar A		
		cause (0), stating		DUE TO, OR	AS A CONS	SEQUENCE OF									
		DART 2 OTHER SIGNIE	IC ANIT CO	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								IVENI INI DADT	ENLINI DART 310)		
	Z	Huger	10	rias co	I THE STATE OF THE	STO DEATH	OT TOT KEE						NACIA IIA LAKI 110		
~	CERTIFICATION	190 DATE OF OPERATIO			ION FOR W	HICH OPERAT	ION WAS PE	RFORMED	20a AUTOPS	AUTOPSY? 206. IF YES, WERE FINDINGS (
9	FE	35-01960198							YES 🗆 N	100	IFYING CAUS! 'ES 🏻		EATH?		
62	ER	210. ACCIDENT WAS UNDER	LYING	21b. TIME OF	INJURY		21c HO	W INJURY OCCUR							
7		OR CONTRIBUTING CAU				DAY YEA	R								
1	Ů.	(IF EITHER, NOTIFY MEDICAL E		P.A		15									
	MEDICAL	214 INJURY OCCURRED		21e PLACE C		FFICE, FARM, ETC.)	211 LOC	REET	C	ITY OR TOWN		COUNTY		STATE	
		WHILE AT WORK AT WORK						7.70				= 17			
		220 I certify tho (1) (th		4.		rom		19 77	to Men			19_79	, that	1) (we) last	
		saw the deceased abave (1) we (did	valive on		Ofter death	19 1 7	and that in	(my) (our) opinion	death accurred a	on the date	e and ho	our and from th	e cause:	s stated	
	-3	226 SIGNATURE	^	1 . (00	0	DEGREE		400	AL 19	123	22c. DA1	ESIGN	ED	
		Venalo	ec'	hat	tiel	0 1	w	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	AN	5-	19-	-79	
1		22d PHYSICIAN'S NAM	E (TYPE OR	PRINT)			22e ADI	DRESS		35541			Tall.		
1		Ronald (C. L	enthal	1, M.	.D.		Easton,	Maryl	and	216	01			
	1 11	URIAL, CREMATION, RE	MOVAL	23b. DATE		23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOCATE			COUNTY		STATE	
	C:	remation		5-19-	1979	Delma	rva		Lewe		uss		ela	ware	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

Newnam Funeral Home

24 FUNERAL DIRECTOR

Easton, Md.

2 1070

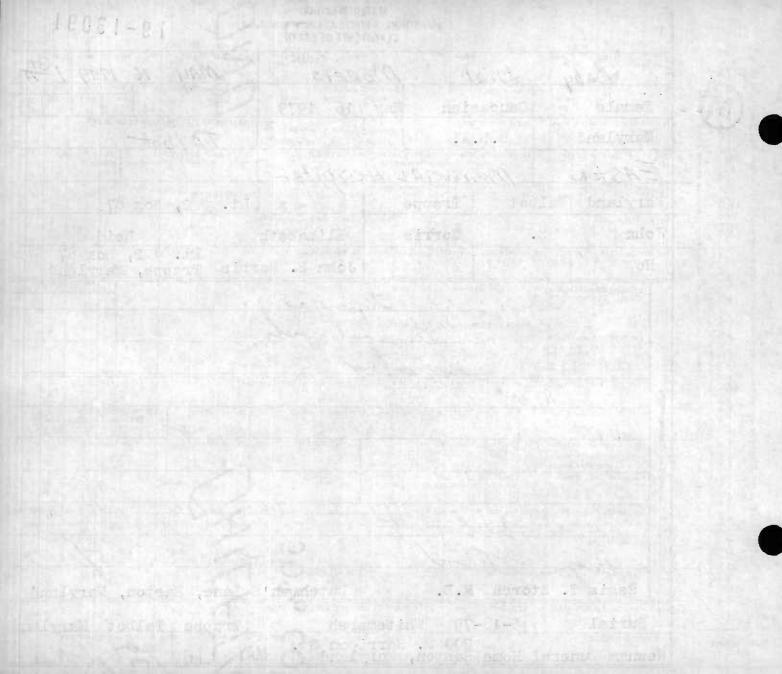
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	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND IEALTH AND MENTAL HYGI ICATE OF DEATH	IENE Reg. 1	1 0	130	9 1
(TYPE	OR PRINT) Bab	FIRST	Dir	MIDDLE	mo	RRIS	20. DATE OF DEATH	MONTH D	1919	26 HOUR 150
	Female	/	Caucas		S DATE O		6. AGE (IN YEARST) BI		FUNDER 1 YEAR	HOURS MIN 23
G	RIHPLACE (STATE OR FO		U.S.		WIDOWE		9. BALTIMORE CITY	bot	OF DEATH	WE
7-	EAS TON	1	(IF NOT IN SUC	MORIA	ADDRESS)	OS DITAL	170 USUAL OCCUPA (TYPE OF WORK FOR MOST			F BUSINESS OR
USUA 130 S IVI	AL RESIDENCE (IF NURS TATE Aryland	Tall	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Trappe	N	13d INSIDE CITY LIMITS?	Rt. # 2		87	
	THER'S NAME	S	MIDDLE	Morris		is. MOTHER'S MAIDEN NAME Elizabeth	WIDDIE	R	eid 'AS	π
160 V	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	John S. Mo:	rris Tra	appe,	Box Maryl	
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ly one couse per D BY: 'E CAUSE (0)	line for (a), (b), and	CC	mea			BETWEEN C	MATE INTERVAL ONSET AND DEATH
	7708 Conditions, if ony,		DUE TO, OI	R AS A CONSEQUE	NCE OF	turk				
	gove rise to imm couse (0), statin underlying couse	g the	DUE TO, OF	AS A CONSEQUE	NCEOF	of Colo				
ATION	PART 2 OTHER SIGN	NIFICANT O	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COM	NDITION GIVE	N IN PART 110	> 1
CAI	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	

LAST id Box 87 arvland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N PART 110 RE FINDINGS USED CAUSES OF DEATH? CERTIFIC NO YES [NO [210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) (8) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from FUNERAL DIRECTOR sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED oold be detach at the State De ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHY HAM SHAME TYPE OR PRINT) 22e. ADDRESS T. Storch M.D. Dutchman'S Tane, Easton Maryland 0 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial COUNTY 5-18-79 Whitemarsh Talbot Trappe 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 200 Harrison St Newnam Funeral Home Easton. Maryland

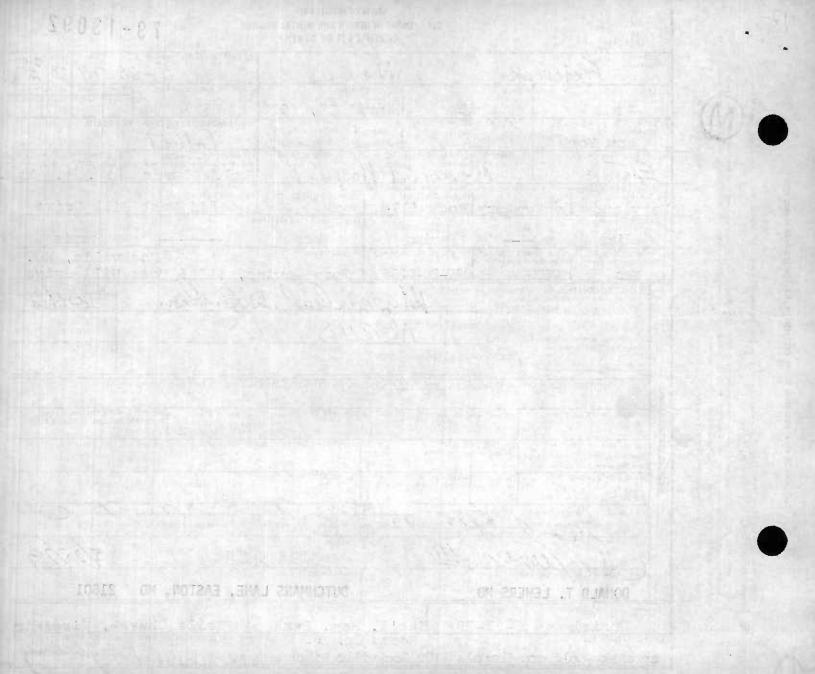
DHMH - 16 50M 7/77 (VR A 15 (4))



BALTIMORE,

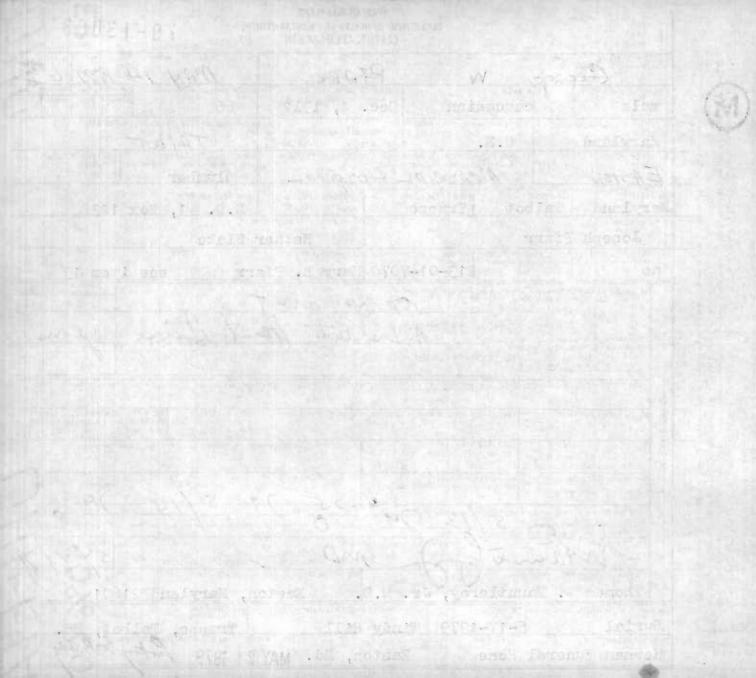
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND



	1	FOR - STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	TIENE 79-1	3093
	L	REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	
y be oth		CEASED NAME FIRST GEORGE		PFARE	MAY 14	1979 6 AM
e (M)	3 SE	nale	caucasian	Dec. 4, DAY 1912		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
one.	5	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH MD.
by the functiled within	_	ITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
filled in by hauld be fill			R OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e. STREET ADDRESS	
withi letely d 2 s	_	ATHER'S NAME	bot Trappe MIDDLE LAST	YES NO TO NOTE NO TO NOTE NOT		123F
n and camp Pages I an	(WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU E WAR OR DATES) 213-01-	RITY NO. 17 INFORMANT	ADDRESS	item 13
death certificate ittending physicic ve carbonpaper ian, ar remaval.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), one ED BY TE CAUSE (a) DUE TO, OR AS A CONSEQUE	andrax arrest	ant Disione	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THE TOTAL THE T
ed by the collection of the co		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE			
signe Then p to bui njury,	Z	PART 2. OTHER SIGNIFICANT	conditions <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
he law re an. has beer t permit. iene priar aws any i	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED (ING CAUSES OF DEATH?
ICIAN: TI g physicia ertificate ial-transif ntal Hygi em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT T OR PART 2)
offending of the burner of the offend of the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	си окторы	COUNTY STATE
spital or Spital or CTOR: Affor use a di Health	1		ital) attended the deceased from	, and that in (my) (our) opinion of	death occurred on the date and hour	9, that (we) lost and from the couses stated
ALOR ALORECT THE HONDING THE HONDING THE DEPTHEMENT. If HEM		22b. SIGNATURE	~ of 9	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/14/9
to HOSPITA etained by TO FUNERA should be de with the State with the State impropriate impropriate in the State improvement in the State improveme		Thomas W. F		M.D. Easto	on, Maryland 21	601
	23a.	BURIAL, CREMATION, REMOVAL UPIAL	. 23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY		COUNTY STATE
BP	-	UNERAL DIRECTOR		indy Hill 250. DATI	E REC'D. BY REGISTRAR 25 DEGISTR	
(VR A 15 (4))	N	ewnam Funera	1 Home ADDRESS I	Easton, Md. MAY	21 1979 Vintry	1 /Kelresdy

(VRA 15 (4))



FOR - STATE

	STA	TE	OF	M	ARYL	AND
ARTMENT	OF	HE	AL	TH	AND	MENT

DEP AL HYGIENE CERTIFICATE OF DEATH

79-13094

REGISTRAR		CERTIFICATE OF DEATH	REG. NO). 1000.				
1. DECEASED NAME FIRST (TYPE OR PRINT) CLAREN	NCE Harr	RICE	20. DATE OF DEATH M	MONTH DAY YEAR 26. HOUR				
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHI	IF UNDER 1 YEAR IF UNDER 24 HR				
Male	Caucasian	Jan. 16, 189		MONTHS DAYS HOURS MIN				
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED A NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH				
5 "Maryland	U.S.A.	WIDOWED DIVORCED		741801				
EASTON	I IF NOT IN SUCH FACILITY, GIVESTRE	1700	TYPE OF WORK FOR MOST OF	WORKING LIFE) 126. KIND OF BUSINESS C				
	To the rinstitution, give residence before the large that the larg	YES X NO		ain Street				
Clarence B	Rice Rice	15 MOTHER'S MAIDEI Melvina		Jones				
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC 212-10		Rice Trappe.	Main Street Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN F							
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	200 AUTOPŠÝ? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO				
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	CURRED LENIER NATURE OF INJURY CITY OR TOWN					
sow the deceased-alive on	tal) attended the deceased from 3 7 9 19		NG _ MEDICAL _ STAFF	te and hour and from the causes stated 22c. DATE SIGNED SAN 5				
224. PHYSICIAN'S NAME (TYPE O	N BARN	22e. ADDRESS	eston, Pr	d .				
230. BURIAL, CREMATION, REMOVAL Burial		C NAME OF CEMETERY OF CREMATO Spring Hill	ORY 23d LOCATION CITY OR TOWN Easton	Talbot Maryla				
24 FUNERAL DIRECTOR	200 ₀₀₈ S.		DATE DECID BY DECISTOAD	ILL DE CONTROL CICLOTTO				

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

MPORTANT: If them 21 is marked or them 18 shows any

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		in interior			
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coprat west 15 cf					
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		Same			
The second of the second	AN THE	100 HORRES	01 JET	tar tarah	

nding physician and completely filled in by the funeral d carbon papers. Pages 1 and 2 should be filed within 72 ho

injury, or other troumatic event, the

Health and Mental Hygiene prior to burial, cremation, or removal

marked or Item 18

IMPORTANT: If Item 21 is should be detached for with the State Dept. of

24 FLINERAL



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

79-	130	95
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ì	1 -	STATE REGISTRAR			OLI ARTI	CERTIF	CATE OF DEATH	JIENE.	REG. NO.	9-13	095
		CEASED NAME	FIRST	M	IDDLE	L	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	26. HOUR
	(ARG	nerit	e Cla	rla	Ryan		MAY	4 79	12 EM
	3 SE)	(4	RACE		5 DATE O		6. AGE (IN YEARS	LAST BIRTHDAY	IF UNDER I YEAR	
		Female		Cau	1.	4-1	.0-1904 YEAR	75	YRS	MONTHS DAYS	HOURS MIN
,		RTHPLACE (STATE OR FOR	REIGN 76		VHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
1		Ill.	0.8 10	U.S.A		WIDOWE	D DIVORCED		TA/bo	+	MD.
8	10 CI	TY OR TOWN OF DEAT	'н 11		OSPITAL, NURSIN		ASOLLA!	12a USUAL OCC (TYPE OF WORK FOR	R MOST OF WORKING	LIFE INDUSTRY	one
5		TATE Md.	GHOME OF OT 36 COUNTY Caro	1	GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS? YES NO K	13e STREET ADE			J.1.0
	14 FA	THER'S NAME	71.AA	DDLE	LAST		15. MOTHER'S MAIDEN NA		NDD(E		AST .
ď		Charles			eno.			ry Kell			
3		VAS DECEASED EVER IN	U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
~		no	(11 123, 0112 11	AN ON DATES	214-20-	-7636	C. Robert	Ryan	Green	sboro,	Md.
		Conditions, if ony, gove rise to imm couse 101, stpting underlying couse	the lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	theroseles	rossis	- Cara		
	z	PART 2 OTHER SIGN	FICANT CO	NDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE O	R CONDITION G	IVEN IN PART 1	(01
	CERTIFICATION	19a DATE OF OPERATU	gner	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPS	IN CER	TES, WERE FIND! TIFYING CAUSE! YES []	
7	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	SUSE OF DEATH	P.A	A. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM TE	B, PART 1 OR PART 2]	
	MED	21d INJURY OCCURRE WHILE NOT WHI AT WORK AT WOR	LE 🗆	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
		sow the deceased	d oliveron_	5 -	3 19	79_, on	d that in (our) opinion	death occurred a	n the date and h	our and from the	that (1) (we) last ecouses stated
		22b. SIGNATURE	PL	Detre	ch,	N		MEDICAL POIRECTOR	STAFF PHYSICIAN [22c. DATE	ESIGNED
1		Terry P.			D.		Easton, M	aryland	21601		

BP.

TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING

ined by the hospital

230. BURIAL, CREMATION, REMOVAL -7-79

23b. DATE

731 NAME OF CEMETERY OF CREMATORY Greensboro

23d. LOCATION CITY OR TOWN

Greensboro Caroline

STATE

250. DATE REC'D. BY REGISTRAR 250. RESISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

	75	1061-01	on g	Cau	female
					Ill.
Mone	Housewile	A Delegale			East 1
	Rt 313	×	Greensboro	Caroline	. BM
	cy kelley	r = M		F. Clark	Charles

Tager 2. Dearlob, 1.0.

Buria: 5-7-79

Greensboro Greensboro Caroline Md.

Factor, Maryland 21644 2

President and the second

79-13-095

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-13096

		REGISTRAR				CLIN	IIICAIL O	DEATH		REG. NO).				
		CEASED NAME	FIRST		MIODLE	beat in	LAST		2a. DATE OF D	EATH /	HTMON	DAY	YEAR	26 HOL	JR .
	(1176	OR PRINT)	CLAUD	E F	RANKLI	N	SEWEL	L	Table 1		5	14	79	11:	59 ^M
	3 SEX	(4	RACE			E OF BIRTH	VEAD	6. AGE (IN YEAR	RS LAST BIRTH	IDAY)	MONTH:	DER I YEAR	IF UNDER	24 HRS MIN
19	m	ale		cauca	asian	De		1890	88		YRS.	MONTH	DATS	HOURS	Mille
	7a. BII	RTHPLACE STATE ORF	OREIGN 7E	CITIZENO	F WHAT COUN	VIRY? 8	NEW X	R MARRIED	9. BALTIMOR	E CITY OF	COUNT	Y OF D	EATH		
3	_	laryland		U.S.		WIDO	WED 🗌	DIVORCED [LBOT					MD.
10		TY OR TOWN OF DEAST	ON	HOUS	E IN	THE PI		NSTITUTION	Tarm	OR MOST OF	ON WORKING I	IFE) 12	KIND C DUSTRY	F BUSIN	ESS OR
35	130 5	TATE ryland	13b COUNT Talbo	THER INSTITUTION T	13c, CITY QF	E BEFORE ADMISSION IONN ICHAE	113d. INSIDI	E CITY LIMITS?	13e STREET AL	DDRESS Wat	er	St.			
	14. FA	THER'S NAME	44.17	DDLE	LAS		15. MOTH	ER'S MAIDEN NA	ME		3.00		LAS		
00		S. James	Sewe	211				Etta	Richa		n SS P.	0	Po x	445	
18		VAS DECEASED EVER ES, NO OR UNKNOWN)	(IF YES, GIVE W			SECURITY NO				ADDRE				4.4.5	
-0	n	.0			214-3	2-213	4 Anna	H. Se	well	11161	St	• M			, Md.
		Conditions, if ony gove rise to immunderlying couse	, which mediate ag the lost	DUE TO, (b)_ DUE TO, (c)_	OR AS A CON	SEQUENCE OF		TED TO THE TERM	MINAL DISEASE	OR COND	ITION G	VEN IN	3 y	MATE INTEL ONSET AND	
9	CERTIFICATION	19a DATE OF OPERA	TION	196 CON	DITION FOR W	VHICH OPERAT	ION WAS PER	FORMED	20a AUTOP	SY?	IN CERT		RE FINDIN CAUSES		TH?
9		21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	HOUR	OF INJURY A.M. MONTH P.M.	H DAY YE	21c. HOW	'INJURY OCCUR	RED (ENTERNATU	RE OF INJURY	IN ITEM 18.	PART 1 O	R PART 2)	Y to	
	MEDICAL	214 INJURY OCCUR	HILE [7]		E OF INJURY STREET, FACTORY, C	OFFICE, FARM, ETC.]	21f. LOCA STRE			CITY OR TOW	N	cc	PUNTY	S	TATE
		22a.1 certify that (1)	(this hospito	l) ottended	e deceased	rom	1413	, 19	, to	> //	-	, 19	19.	that (I) (we) lost
	5.63	sow the deceas above, (I) (we) (ed olver	5/2	lu mitar daath	19	ond that in (n	ny) (our) opinion	deoth occurred	on the do	te and ha	urond	from the	couses st	oted
		22b. SIGNATURE	N m	DW o	od	0	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F	2	2c. DATE	SIGNED	175
1		22d. PHYSICIAN'S N	AME (TYPE OR P	HW.	lood	Ju	22e ADDI	RESS	3000	N	21.		216	01	/
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME O	F CEMETERY C	RCREMATORY	23d. LOCAT	ION		6010.			AYE
	Ë	urial		5-17-	-1979	Sprin	g Hill		East		Tal	bot		aryl	and

DHMH - 16 50M 7/77 (VR A 15 (4))

Newnam Funeral Home

24. FUNERAL DIRECTOR

Easton, Md.

aston, Talbot, Maryland

BY REGISTRAR IN TEGESTRAR SIGNIUME.

1979

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BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

						STATE	UF MARTLAND				
	1.	FOR STATE			7.0	-131	097				
	-11	REGISTRAR				CERTIF	CATE OF DEATH	REG. NO	D. 1 J	10	00.
	I. DEC	CEASED NAME OR PRINT)	FIRST		MIGGLE	L/	AST	20. DATE OF DEATH	MONTH GA	Y YEAR	2b. HOUR
		Ed	WARC	1 4	EE	511	npson	MAU	12	1979	1 Am
	3. SEX		1,747	4 RACE		5. DATE O	DIKITI	6 AGE (IN YEAR LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
i il	Ma	ale		Caucas	sian	Sept		66	YRS.	ONTHS CAYS	HOURS MIN
		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTYC	OF DEATH	
33		ryland		U.S.		WIDOWE		7	Albi	ot	MD.
1	10 CI	TY OR TOWN OF DEA	тн		HOSPITAL, NURSI		ROTHER INSTITUTION	120 USUAL OCCUPATH		126. KIND O	F BUSINESS OR
78	E	= ASTON		Inc	moriA	1 L H	OSDITAL	farmer	WORKING LIFE	INDUSTRI	
40.00	USUA 13a S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	RE AGMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
30	Mai	ryland	Talt	ot	Trapp	е	YES NO M	R.D. #2,	Box	52	
0		THER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAS	ST.
100	1	Robert T.	Sin	ipson			Ida Die	fenderfer			
1		AS DECEASED EVER	IN U.S. ARA	MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	ss P.	0. Bo.	x 838
	1	10			214-36	-5253	James M. S	lay, Jr.	Ea	ston,	Md.
		18 CAUSE OF DEATH	H (Enter onl	y one couse per	line for (a), (b), o	nd (c				BETWEEN (IMATE INTERVAL ONSET AND DEATH
10		PARTI. DEATH W		E CAUSE (0)	araia	c Ar	rest			6	mei
	-11	410-		DUE TO, O	RAS A CONSEQU	JENCE OF		(i.			
		Canditians, if any,		(b)_	1cute 1	myoca	erdico Lu	tarction			h
		gave rise to imn cause (a), statin	g the	DUE TO, O	R-AS A CONSEQU	JENICE OF	. /				75
		underlying couse		(c)	Puere	Coro		4 Disease	سقد	1	
	z	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	a)
	TIO	19g DATE OF OPERA	o IV	LILL COND	US WHICH	L OPERATION	N WAS PERFORMED	28a AUTOPSY?	TOOK IF YES	WERE FINDIN	JCC LICED
9	CERTIFICATION	IVE DATE OF OPERA	1014	THE COND	INDIA FOR WHICE	H OFERATIO	WAS PERFORMED		IN CERTIFY!	ING CAUSES	OF DEATH?
- (4)	ERT	210. ACCIDENT WAS UNG	DERLYING -	1 21b. TIME O	FINIURY		21c HOW INJURY OCCUR	YES NO	YES	T L OR PART 21	NO 🗌
7		OR CONTRIBUTING	AUSE OF DEA	TH HOUR A.	M. MONTH		Trees and a second	(E)	1 11 11 10 10, 17	I I ON TANI 21	
	MEDICAL	(IF EITHER, NOTIFY MEDIC.		21e PLACE		19	211 LOCATION				
9-6	MEI	WHILE NOT WE AT WORK	HILE 🗀		REET, FACTORY, OFFICE.	, FARM, ETC.)	STREET	CITY OR TOW	IN	COUNTY	STATE
		220.1 certify that		ol) ottended the	e deceased from	dan	19.72.	to Many	12 19	79	that (1) (we) lost
		sow the decease abave (I) (ve) (c				76	d that in my (aur) apinian	death occurred an the do	ate and haur o		
		22b. STONATURE	nia) (eja nar	wiew the boary	offer deoffi.		DEGREE		17.77	22c. DATE	SIGNED
	13	Kina	Rac	hen	thall	e in	ATTENDING PHYSICIAN	MEDICAL STAF		51	2-79
		224 PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e. ADDRESS		10.20		
		Ronald (C. Le	enthall	L, M.D.		Easton,	Maryland	21601	ET L	
	23a B	SURIAL, CREMATION,	REMOVAL	23b. DATE	23с.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	C	OUNTY	STATE
	Bu	urial	1	5-15-	-1979 S	pring	Hill	Easton.	Talbo	ot. Mo	d.
		JNERAL DIRECTOR		E COLON	ADDRESS		AA AV	E REC'D. BY REGISTRAR	25h EGISTR	AR'S GIGNAT	URE
	1	Vewnam Fr	mera	.1 Home	Eas	ston,	Md. MAI	41 19/9	correy	THUM	ody

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TO VALUE				
			Contract to	
to sure a liverteaunce			roscilla	
	5	F1 712	Hunday	
				11/1/2

medical examiner must be notified of once.

mpletely filled in by 11 and 2 should be filed FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13098

	REGISTRAR		CERTIF		REG. N	Ю.	
	CEASED NAME FIRST	WIDDLE	Ü	AST			YEAR 26 HOUR
	Elwood	d	51	Rinner	/ a	pril 14. 19	979 740
3 SE	X	RACE	5 DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	LYEAR IF UNDER 24 H
1	Mala !	WOGYC	7 / 12	25 91	V81	YRS	DATE THOUSE
	IRTHPLACE (STATE OR FOREIGN 7	L CITIZEN OF WHAT	OUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF DEA	ATH
	ma	MSA	WIDOWE		/	Talbet	3 / 4-35
10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY		OR OTHER INSTITUTION	12a USUAL OCCUPAT		CIND OF BUSINESS
	Easton	Je M	emorial to	ospital.	-/-	-	331K1
USU.	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT		IDENCE BEFORE ADMISSION) TY OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS		
	Md Tul	1 -1 11	michanle	YES NO	V ADDITION AND THE STATE OF THE		
14 F/	ATHERS NAME	IDDLE / 0	LAST	15. MOTHER'S MAIDEN NAM			
1	noth an	5/Sin	21 6 6	Marc	4 E WIDDLE	Jack	SOL- ~
	WAS DECEASED EVER IN U.S. ARM		CIAL SECURITY NO.	17. INFORMANT	ADDR	ESS	J- 8
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MPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical examiner/must, be hapified of once

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13099

		REGISTRAR		CEKTIF	ICATE OF DEAT	п	REG. NO	0.			
		CEASED NAME FIRST	MIDDLE	L	AST		20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	
	TYPE	OR PRINT)	C.	5	n'th		Mari	19	19 110	61	7
-	3 SE	Lillia	1 RACE	5. DATE C	E BIDTH		6. AGE (IN YEARS LAST BIRT	HDAV) IF U	NOER I YEAR	IF UNDER 2	A HPS
	3 JE.	female	caucasian	Aug	A PAY TO	Ti	67	YRS.			MIN
2,	7a. BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRI	- D	9 BALTIMORE CITY O	R COUNTY OF	DEATH		1
0	Te	OUNTRY)	U.S.	WIDOWE	D DIVORC	ED 🕇	ta	bot		1117	MD.
18	10 CI	Try or town of death	11. NAME OF HOSPITAL, NURSING		HOSRITA	ON I	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF bookkeepe	F WORKING LIFE)	12b. KIND O INDUSTRY	BUSINES	S OR
35	130 5	STATE 136. COUN	other institution, give residence before ITY 13c. CITY OR TOWN Oline Bethlehe	4	13d INSIDE CITY LIA	V	13. STREET ADDRESS Bethlehen	n Road			
51		Ther's NAME Chambe	MIDDLE LAST		15 MOTHER'S MAIL FIRST		ian Peter	rs -	LAST		11/2
1	16a V	VAS DECEASED EVER IN U.S. AR		RITY NO.	17 INFORMANT		ADDRE		. Box	332	-
1		YES, NO OR UNKNOWN) (IF YES, GIVE W. W.	11 464-03-9	9499	Doris S	. Va	alliant	Roya	al Oa		Id.
		PART I. DEATH WAS CAUSE	E CAUSE (0)	tec	fail	leir	Q		APPROXI BETWEEN C	NATE INTERV NSET AND D	AL EATH
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4	CERTIFICATION	190 DATE OF OPERATION Dec 1978	196 CONDITION FOR WHICH (OPERATION	00-		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES			1?
9	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DA			OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)		
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/		Jonathan Y	7. HummEL n	n.D.	Prox C		EASTON,	md.			
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	Bi	urial	5-22-1979 Sp	ring	Hill		Easton,	Talbo	t, M	d.	
	A	UNERAL DIRECTOR				250 DATE	REC'D. BY REGISTRAR	256. REGISTRAF	SSIGNATI	JRE	
	N	ewmam Funeral	L Home **Eas	ton,	Md.	MA	1 2 2 1979	Testry	Sicol	rody	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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within 72 hours ofte

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filled within 72 hours offer with the State Dept of Health and Mental Hygrene prior to burial, cremation, or removal. [MDORTANT: If Nem 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examiner must be notified at once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13100

1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOURS (TYPE OR PRINT) PRISCILLA V. SMITH APRIL 3 1979 997. 3. SEX 14 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) JUNDER 1 YEAR 1 FUNDER 24			REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	1010		
S. SEX				FIRST	A	AIDDLE		6. 1			YEAR 2	HOUR	_
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ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IZE USUAL OCCUPATION IZE KIND OF BUSINES. IZE USUAL OCCUPATION IZE KIND OCC				REIGN	CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH		
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276.1 certify that (1) (this hospital) attended the deceased from 2000, 1973, to 4000 and the deceased from 2000, that (1) (we saw the deceased olive on 2000 and that in (my) (our) opinion death occurred on the date and hour and from the causes state (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)													
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DEGREE 220. DATE SIGNED			22a.1 certify that (1)	(this hospite		deceased fro			10 April	23.19.			ost
			sow the decease	d olive on _		ofter death	9_74,01	nd that in (my) (our) opinion	death occurred on the o	ote and hour or	nd from the co	ises stated	
ATTENDING MEDICAL STAFF			71X SIGNATURE	00	010	101	100		MEDICAL CTA		22t. DATE SIG	GNED	
PHYSICIAN DIRECTOR PHYSICIAN 1-24-1			Icona	Kar	Ch	Jul	y v	PHYSICIAN	DIRECTOR PHYSI		7-24	1-19	
224 PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS	,	1/5	224 PHYSICIAN'S NA	ME (TYPE OR	PRINT			77e ADDRESS					
I TONALO (LENTHALL	-			0 (
	/	23a. B	BURIAL, EREMATION,	REMOVAL	23b. DATE	1-	23c. NAME OF C	1,-	23d. LOCATION	co	UNTY	STATE	1
24 FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR'S SIGNATURE.	-	24 EI	INFRAL DIPECTOR		17/26	79	1 G-A	1250 04	TE REC'D BY REGIST AS	25h REGISTRAL	R'S SIGNIATUR	Ma	_
MAME 410 COD & ADDRESS JUN 11 1919 MARGINIAN STREET	0	1		10.0	.00	ADDRES!		d	JUN 1 1 19/9	just	ry/Re	ready	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The lorereined by the hospital or attending physician

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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 hay be retained by the hospital ar attending physician.
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 new borretained by the haspital or attending physician.	10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 they be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. at Health and Mental Hygiene priar to burial, cremation, ar removal.	MPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the medical examines must be natified at ance.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 they be retained by the haspital an attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached fan use as the burial-transit permit. Then please remove carbonapapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical examiner must be natified at ance.	3 7 3

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13101

8		REGISTRAR			CEKIII	ICATE OF DEATH	REG. N	10.				
-		CEASED NAME FIRST	,	WIDDLE	L	AST	20 DATE OF DEATH		DAY	YEAR	2b HO	OUR
	(ITPE	Marie Marie	Ant	hony	Sta	arkey	M	ay	13,	197	9	8,55
	3. SE)	X	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER		_	ER 24 HRS
f		Female	Wh	ite No	vembe	er 29°, 1887	91	YRS.	MONTHS	DAYS	HOURS	MIN
		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DE	ATH		
8		Maryland USA WIDOWEDXX DIVORCED Talbot										MD.
O	10 CI	Easton 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) WIFE								126. KIND OF BUSINESS OR		
5	130 S Ma.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Easton		13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e. STREET ADDRESS 7 Wright:	son A	ve.			
20	14. FA	ATHER'S NAME William D	avid	Anthony		15. MOTHER'S MAIDEN NAM	Charle:	s	B	artl	lett	
	160 W	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT SO	n ADDR	ESS7 W	righ	tsor	1 Av	e.
		YES, NO OR UNKNOWN) (IF YES, GIV		213-12-	5460	James B. Sta	rkey, East	on, M	d. 2:	1601		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY.	line for (o), (b) on	1/20	and Oure	n/		ar	APPROXI	MATE INT	TERVAL ND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	R AS A CONSEQUE	strye	e Arthroad	lmi			m	47	
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	IDITION G	IVEN IN P	ART 1(c	31	4
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NORK	IN CERT	ES, WERE FIFYING C			ATH?
1		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18	J. PART I OR P	PART 2)		10110
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER			19			W. 3				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	cour	NTY		STATE
		220 I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did)	/11/V		79.00	nd that in (my) (our) opinion d	to 5	date and he	19		4 .	(we) last
		22b. SIGNATURE	In oo	ul)		MD ATTENDING PHYSICIAN	MEDICAL STA		220	DATE 5	SIGNET	9
		22d, PHYSICIAN'S NAME (TYPE	ANOC			22e. ADDRESS	tow, or,	5.			7	
	23o. B	BURIAL, CREMATION, REMOVAL SPECIFY: Burial	23b. DATE May 15			emetery or crematory	23d LOCATION CITY OR TOWN	lle.	COUNTY	. O.	Ма	STATE
	24. FU		on Bros.	ADDRESS		250. DATE						

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should be detached for use as the burial transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after direction, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

executed within 24 hours after

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-13102

250. DATE BEY DI BY REDISTRAR 256. REGISTRAR STOPPAN AND AND

ľ	SEX	Male		4 RACE Cau		5. DATE O	F BIRTH DAY YEAR 7-15	6. AGE IN YEARS LAST E		IF UNDER 1 YEAR IF UNDE
7		THPLACE (STATE OR FO	PREIGN	76 CITIZEN OF	what country?	R	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH
3		East UN		I IF NOT IN SUC	Control	DDRESSI	HOSPITATION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS' Store Ow	OF WORKING LIFE	12b. KIND OF BUSIN INDUSTRY Grocery
2	30 S1	Md.	136 COUN		Marydel Marydel	admission)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	5	
4			nkno		LAST		15. MOTHER'S MAIDEN NA FIRST	Unknown		LAST
	IVE	AS DECEASED EVER ES, NO OR UNKNOWN) YES	(IF YES, GIVE	MED FORCES? E WAR OR DATES)	166 SOCIAL SECUR 486-20-		Mary E. W		_{Maryd}	el, Md.
		Conditions, if ony, gove rise to imm couse to, statin underlying couse	which nediate g the	(b)	RAS A COASECUEN	LE OF NCE OF	is of Lu	ne)		YPS
7	CERTIFICATION	PART 2. OTHER SIGN			ONTRIBUTING TO DE	0	NOT RELATED TO THE TERM	200. AUTOPSY?	20b. IF YES	EN IN PART 1(0) S, WERE FINDINGS USE YING CAUSES OF DEA
	MEDICAL	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC.) 21d. INJURY OCCURR WHILE NOT WAT WORK 220. Certify that (1)	AUSE OF DEA	P. 21e. PLACE (AT HOME, STI	M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FAI	19	21c HOW INJURY OCCUR 21f LOCATION STREET		JURY IN ITEM 18, P	
		sow the decease obdve, (I) (ye) (d 22b. SIGNATURE		view he lody	50 107		H that (my (our) opinion EGREE ATTENDING PHYSICIAN	death occurred on the		r and from the causes s

BP. DHMH-16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

OR ATTENDING PHYSICIAN: The or attending physicia

etained by the hospital

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		X	.5.3	U.	Pa
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medical examiner must be natified at ance.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the should be detached for use as the burial-transit permit. Then please remaye carban page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal

the attending physician and campletely filled in by the remove carban papers. Pages 1 and 2 shauld be filed

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-13103

-								REG. NO).			
3		CEASED NAME	FIRST	1	MIDOLE	-	AST	20. DATE OF DEATH	MONTH DA	YEAR	2b. HOUR	R
10	,,,,,		ANCH	E A		Ш	ILLIS		5 15	79	10:3	50 A
.39	3. SE)	X		4 RACE		5. DATE (6. AGE (IN YEARS LAST BIRT		F UNDER I YEAR		
	I	Pemale	700	Caucas	ian	Dec		96	YRS	ONTHS DAYS	HOURS	MIN.
	70. BI	RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	B	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	OF DEATH	1	
35	N	Maryland		U.S.	A.	WIDOWE	-V-	1	ALBOT			MD.
10	10 CI	EASTON	ATH		H FACILITY, GIVE STREET	T ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF HOUSEWILL			OF BUSINE	SSOR
	USUA	AL RESIDENCE (IF NURS		OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	RE ADMISSION)	10 House Town - 11 House					_
6	Ma	aryland	Talb		Eastor		13d. INSIDE CITY LIMITS? YES NO		cletts	s Ave	nue	
200	Wi	THER'S NAME	E.	MIDDLE	Jackson	1	Lydia Lydia	Ann MIDDLE	An	thoný	51	
1	16a V	VAS DECEASED EVER		MED FORCES?	220-52-		Jackson C.	ADDRE SOWOLL THE	^s Elv	wood	Ave	2
		NO			220-72-	-0713	Jackson C.	DEMETT ES	aston,			
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		BEATH	
Ш		IMMEDIATE CAUSE (D)							c/	uje	-	
	7	DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which (b)										
71		gove rise to immediate couse (0), stating the DUETO, OR AS A CONSEQUENCE OF										
Н		underlying couse lost (c)										
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN A									0	
	CERTIFICATION			Time and the					Too be seen			
19	ICA	190 DATE OF OPERATION 196 COND			ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				
- 1	RTIF						YES NO YES NO]	
1		210 ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE	TH 216. TIME O	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T 1 OR PART 2]		
	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION			1000		
	W	WHILE NOT WHILE AT WORK AT WORK STREET, FACTORY, OFFICE, FARM, ETC.)					CITY OR TOW	N	COUNTY	STA	ATE	
											that II) (w	ve) lost
	1	sow the deceased alive on 1979, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated										
		obove (1) (we) (did) (flid hol) view the body ofter death. 27b. SIGNATURE DEGREE							22c. DATE	224. DATE SIGNED		
		72	far	~()	art		ATTENDING PHYSICIAN	MEDICAL STAF				
1		77d. PHYSICIAN'S N			ONOVI T	na RA	27e ADDRESS	Marriano	2160	13		
1		Thomas	W .	rauntl	eroy, J	r.,M	D. Easton	, Maryland	. 2100	, 1		
	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STA	TE
	(3	Burial		5-18	-79 ST	ring	Hill 4	Easton	Talho		[ami]	-

BP.

TO FUNERAL DIRECTOR: After this certificate has been

24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

50. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Sec Cred

THE RESIDENCE OF THE PARTY OF	THE WHITE WELL THE		
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	Francisco Art		
Burton 18 1 6 Carrollin	101 101	mail 17-11-21	
A Supplied to the second of th	Whole wexall	Janes Agent	

after

within 24 hours

requires that the death certificate be executed

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the haspital or offending physicio

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director; should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours aftire with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remaval.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1 0 1

79-	1310	
G. NO.		

1.050	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.	
	CEASED NAME FIRST	Mode	LAST	20. DATE OF DEATH		26 HOUR
3 SEX	THICE	4 RACE	5. DATE OF BIRTH	6, AGE (IN FEARS LAST BIRT	THDAY) IF UNDER 1 YEAR	IF UNDER 24
3 3EV	1	TACE T	MONTH DAY YEAR	O. AGE (INFEARS LAST BIRT	MONTHS DAYS	HOURS 14
7. DH	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY?	8 17 84	99	YRS.	
	OUNTRY)	A CHIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	TO 1	COUNTY OF DEATH	
10 CI	ITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	ALDO	To 100 KING 6	P DI ICINIEC
F	A-+	(IF NOT IN SULE FACILITY, GIVE STREET AL	DORESS) / + /	120. USUAL OCCUPATI		OF BUSINES
PISITA	AL PESIDENCE HE NIHESING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	L MOSPILAL	Downe	SKIC	
13a S	STATE 136. COUN	13 CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		2 11
IA EA	ATHER'S NAME	1 Kurento	YES NO 15 NO 15 NO 15 NO 15 NO 16 NO	Routes	4/ Box	34
-		MIDDLE	FIRST	MIDDLE	, IA	ST
14. 11	John B	Cole men		ADDRE	EWAYT	
10a W	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	1 - 4	ADDRE	-33	
	MA -	215.36.16	698 mary	w	MUVVO	4
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one couse per line for (b), and	10 A. A.	. ()	APPROX BETWEEN	ONSET AND DE
		TE CAUSE (0) CHAM	re cens la	ture	-	152
	4039	DUE TO, OR AS ALONSEQUEN	VCROE			
	Conditions, if any, which	((b) 100014	the sciences is			
	gove rise to immediate couse 101, stating the	DUE TO, OR AS A CONSEQUEN	NCE OF			
	underlying couse lost.	DOL TO, OR NO IN COMSCOOL				
	orderlying coose lost.	(c)				
		(c)	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	(0)
NOI		CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	(0)
CATION		CONDITIONS CONTRIBUTING TO DE		INAL DISEASE OR CON	206. IF YES, WERE FIND!	NGS USED
TIFICATION	PART 2. OTHER SIGNIFICANT (ASCUD				NGS USED
CERTIFICATION	PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH C	DPERATION WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSES	NGS USED S OF DEATH
CERTI	PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	196. CONDITION FOR WHICH C	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSES	NGS USED S OF DEATH
CERTI	PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH C	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20% IF YES, WERE FIND IN CERTIFYING CAUSES YES TYPE TO THE TEMPER TO TH	NGS USED S OF DEATH NO
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Newnam Funeral Home

STATE OF MARYLAND

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